

TEXAS DEPARTMENT OF HEALTH
Bureau of Emergency Management
LOCAL PROJECTS GRANTS
1100 West 49th Street
Austin, Texas 78756-3199
FY 03

Introduction

The Texas Department of Health (TDH), Bureau of Emergency Management (BEM), has established the Local Projects Grants (LPG) program for the purpose of supporting and improving the development of the Texas Emergency Health Care System. Proposals will be accepted from qualified EMS organizations involved with the provision of emergency pre-hospital care.

Submissions for **FY 2003** must be postmarked by midnight **July 12, 2002**. All funds awarded must be spent by August 31, 2003.

Applicants may contact their TDH Public Health Region (PHR) EMS office to discuss the appropriateness of proposed projects and to determine if proposals are consistent with LPG funding criteria.

Proposals will be evaluated in accordance with LPG evaluation criteria (see Local Projects Grants Evaluation Packet). Please note: working on your proposal in conjunction with TDH regional EMS staff is NOT an assurance that the proposal will be funded.

Penalties

Falsification or omission of documentation related to applicant proposal or report documents will result in revocation of funds. In such cases, all funds must be returned to TDH within 90 days of occurrence and applicant will be ineligible to receive funds from the LPG program for a period of not less than three years. Persons submitting proposals to obtain funding who knowingly submit erroneous or fraudulent information will be subject to actions by TDH in accordance with either §157.16 (relating to provider license) or to §157.36 (relating to EMS personnel), as appropriate.

LOCAL PROJECTS GRANTS PROGRAM FACT SHEET

1. Prepare the proposal following the guidelines described in the “Application Procedure” section of the Request for Proposal (RFP). **Note: Deadlines differ from previous years.**
2. Read the RFP carefully to ensure understanding of all requirements (e.g. matching funds, eligibility, the goals of the program, and proposal narrative) before writing the proposal.
3. The proposal must not exceed five (5) pages in length per entity, including any attachments (required TDH forms will not be considered toward the five (5) page limit).
4. Complete all LPG application forms included with the RFP. Indicate with “N/A” any section that is not applicable.
5. **Four copies** of the proposal packet must be submitted by the **submission deadline of July 12, 2002:**
 - The **original proposal, plus one copy** must be sent to:
Kathryn C. Perkins, Chief
Attention: Local Projects Grants Program
Bureau of Emergency Management
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756-3199
 - **Two copies** of the proposal must also be sent **simultaneously** to the appropriate PHR EMS office (see attached list of PHR EMS Offices).
6. Submission of a proposal does not guarantee the awarding of grant funds from this program. **Do not make any purchases or incur any costs associated with the proposed project until written verification of funding status has been received from TDH. Any costs incurred prior to the contract start date will not be reimbursed.**
7. **FINAL FUNDING DECISIONS WILL BE BASED ON:**
 - evaluation of all information in the application
 - consideration of the applicant’s Local Projects Grants funding history
 - applicant’s numerical Local Projects Grants application score
8. Contact your PHR EMS office or the BEM office with any questions.

Department of Health
Regional EMS Offices

Texas Department of Health P.O. Box 60968, WTAMU Station Canyon, TX. 79016-0968	Public Health Region 1	Terry Bavousett (806) 655-7151 Ext. 214
Texas Department of Health 1301 So Bowen Road Suite 200 Arlington, TX. 76013	Public Health Regions 2/3	Kevin Veal (817) 264-4500
Texas Department of Health 1517 West Front Street Tyler, TX 75702-7854	Public Health Regions 4/5 N	Brett Hart (903) 533-5291
Texas Department of Health 5425 Polk Ave., Suite J Houston, TX 77023-1497	Public Health Region 6/5 S	Wayne Morris (713) 767-3331
Texas Department of Health 2408 South 37 th Street Temple, TX. 76504	Public Health Region 7	Rod Dennison (254) 778-6744
Texas Department of Health 7430 Louis Pasteur San Antonio, TX 78229	Public Health Region 8	EMS Program (210) 949-2050
Texas Department of Health P.O. Box 9428 El Paso, TX 79995	Public Health Region 9/10	Tom Cantwell (915) 834-7708
Texas Department of Health 601 W. Sesame Drive Harlingen, TX 78550	Public Health Region 11	Noemi B. Sanchez (956) 444-3280

TEXAS DEPARTMENT OF HEALTH LOCAL PROJECTS GRANTS Request for Proposal

Purpose

The purpose of the Local Projects Grants (LPG) program is to support and improve the development of the Texas Emergency Health Care System. The program supplies money and technical assistance to licensed EMS providers providing 911 services, to registered First Responder Organizations (FROs), and to other approved EMS organizations.

This program is administered by the Texas Department of Health (TDH) and provides reimbursement for approved costs incurred for a specific project completed during a specified contract period. Applicants must be able to supply matching funds for projects when required.

Primary activities and use of funds:

TDH accepts proposals for local EMS projects to increase the availability and quality of emergency pre-hospital health care. Qualifying projects demonstrate a positive impact on the delivery of emergency pre-hospital health care in the area implemented.

Only one proposal per entity will be accepted. Multiple entity proposals are acceptable if completed within the guidelines under Multiple Entity Proposals as set forth in this RFP.

Types of projects acceptable for funding:

- EMS personnel certification training, specialty training related to pre-hospital health management, purchase of EMS equipment, **EMS Supplies** funding prevention projects, continuing education programs and the purchase of an ambulance.

Types of projects not acceptable for funding:

- Those which result in a duplication of services
- Those which would result in the substitution of LPG funds for funds from the organization's operating or capital budget
- Those which are not feasible for an organization to implement or are not consistent with its mission

Funding Preferences:

- Projects that have the most significant positive impact on the delivery of patient care
- Projects that do the greatest good with the amount awarded
- Projects that are consistent with TDH's current year focus for funding

Funding for proposals will be considered in accordance with an evaluation of all information in the Application, a consideration of the applicant's Local Projects Grants funding history and the applicant's numerical score on the Local Projects Grant Grading Criteria.

Applicant Eligibility

Proposals will be accepted from approved EMS organizations responsible for providing prehospital emergency care and other TDH approved organizations. Organizations must be in good standing with no disciplinary actions other than administrative penalties (not to exceed \$1,000 total) for a two-year period immediately preceding submission of LPG request. Organizations that have had actions taken against them by TDH may be ineligible for funding. Applicants should contact the appropriate PHR for more information. EMS organizations that are eligible include:

- Licensed EMS providers providing 911 service
- Registered first responder organizations
- Other TDH approved organizations
- If an organization is being represented by a multiple entity request, then the organization is ineligible to submit a second application for additional grant monies

If applicant is found not to be eligible, applicant will receive a notice of ineligibility status and will have 10 days following notification to appeal.

Applicants must be in compliance with regional trauma system protocols, to include:

- Pre-hospital trauma triage
- Initial trauma resuscitation
- Hospital bypass
- EMS helicopter activation

Applicants must also provide care in accordance with TAC §157.2 (70) “Standard of care:

Care equivalent to what any reasonable, prudent person of like certification level would have given in a similar situation, based on local or regionally adopted standard emergency medical services curricula as adopted by reference in 157.32 of this title.”

Compliance with these criteria will be verified by the RAC or PHR and kept on file in the Bureau as appropriate.

Conditions of Acceptance

Contracts will be developed between TDH and successful applicants. The contract will run for up to twelve months and will detail items such as budget, reporting requirements, TDH general provisions, and any other specifics that might apply to the award.

A final project report by the awardees will be submitted to the appropriate PHR office. Grant recipients are subject to site visits by TDH staff to determine compliance with LPG program requirements.

All registered, licensed, or approved organizations as determined by TDH (e.g. EMS providers, FRO) must maintain the appropriate credentials throughout the specified contract period.

For EMS certification projects, verification of completed certification programs must be submitted within 45 days following the end of the contract period.

Medical Director approval is required for all project proposals.

Budget Considerations

The grant award provides reimbursement for an approved project and associated costs that are reasonable and necessary and are incurred after the award is made and during the stated contract period only. Reimbursement may be withheld and a request for return of funds may occur if any of the stated requirements of this grant are not met.

Multi-entity requests must indicate detailed expenditures for each entity and the total amount intended for each entity. Grant recipients are responsible for maintaining a record of all costs and activities related to the administration of the project. Projects **may not** be started prior to the effective date of the contract.

This is a reimbursable contract. Approved expenses will be incurred by the approved entity.

- Copies of all paid receipts must be forwarded (attach with purchase voucher) to BEM for processing according to the provisions contained in the contract
- **Reimbursement will be made by check or direct deposit to the entity. Note: Individuals may not be reimbursed**
- TDH retains the right to refuse reimbursement for requests deemed inappropriate

Range of Financial Assistance:

The maximum LPG program awards are as follows:

- Award total will not exceed \$50,000 per entity
- Award total for purchase of a new ambulance will not exceed \$35,000
- Computer, printer, or computer-related equipment will not exceed \$1,500
- Reasonable market value for equipment/training

Matching Fund Requirements:

- Matching funds may come from sources such as local funds, private donations, other state grants, federal grants, or private foundations. Soft or in-kind matching funds are not acceptable.
- **Matching funds will be required for the following:**
 - Any individual equipment item with a useful life of more than one year and a cost greater than \$1,000 (including shipping costs) will require 50% matching funds, with the following exceptions:
 - Computers, software and Printers, fax machines, stereo equipment, cameras, video recorders/players, Medical laboratory equipment (defined as microscopes, oscilloscopes centrifuges, balances, and incubators) require a 50% match if the individual cost exceeds \$500 and the useful life is greater than one year

Incurring Costs and Rejection of Proposals:

TDH reserves the right to reject any application and is not liable for any costs incurred by the applicant in the development, submission, or review of the application. Any costs incurred in the preparation of the application shall be borne by the applicant and are not allowable in the RFP.

Projects will be funded until the funds are exhausted or preset limits are reached. Examples of costs that are not approved for funding include items such as salaries, fringe benefits, indirect costs, disposable supplies, food, and day-to-day operating expenses (e.g. fuel, insurance, loan payments, rent, stocks and bonds. etc.). In addition, land purchases or building funds do not qualify as applicable projects under this program.

In cases where a project is not completed or the full allocation of funding is not used, TDH may redistribute funds at its discretion. TDH reserves the right to fund a project at any level it feels appropriate, according to the availability of funds and justification for need as presented in the proposal. Any costs incurred prior to the contract start date will not be eligible for reimbursement.

Right to Amend or Withdraw RFP:

TDH reserves the right to alter, amend, or modify any provisions of this RFP, or to withdraw this RFP, at any time prior to the award of a contract pursuant thereto, if it is in the best interest of TDH or the State of Texas to do so. The decision of TDH will be final.

Application Procedure:

Applicants **must** submit a proposal which includes the following items:

- All completed application forms
- Completed assurances forms
- A mechanism for measuring and reporting the benefits or impact of the project
- The willingness and ability of the organization to provide 50% matching funds on applicable items, as specified in the section titled "Matching Fund Requirements"
- An agreement to transmit data to the Trauma Registry, if computer equipment is to be funded (licensed EMS providers).
- **If the application is computer generated, then it MUST be in the same format, including ALL questions and information requested in original application**

Proposals must be typed or computer generated, in 12 pt font, on letter-sized paper and not exceed five (5) pages (per agency if multi-entity proposal) in length, including attachments but excluding required TDH forms in following format:

- TDH LPG Title Page (p. 11)
- Signature Page (p. 12 & 13 if applicable)
- Applicant Description (p. 14 & 15)
- Written Proposal
- Remander of LPG worksheets

Proposals should be stapled or clipped together, but not bound. All completed forms included in the grant application packet must be returned to TDH postmarked by midnight on **July 12, 2002**.

Applicants should refer to the LPG Evaluation Packet when preparing proposals.

Any project involving the purchase of computers and computer-related items, including accessories and software, must be thoroughly described within the proposal. A description of the make and model of the computer, printer, monitor, and any software is required. (An appropriate description would be "1.5 Ghz Pentium Processor, 128 MG RAM, 20 GB hard drive, 56K modem, 48X CD ROM." A similar description of make and model for the printer, monitor, and any software is also essential). **If a project is requesting funding for computers or computer-related items, the applicant must list any and all (if applicable) equipment received from TRAC-IT.**

Project involving the purchase of EMS equipment must be thoroughly described within the proposal including model number if applicable.

Applicant Experience:

The applicant must indicate any experience that demonstrates the qualifications of the applicant for the performance of the

potential contract. If the applicant is a private, non-profit organization, a **Non-Profit** Board of Directors and Executive Director Assurances Form must be completed and signed by the organization's Board Chairman and Executive Officer. This form assures that the organization's governing board has been informed of its executive financial responsibilities.

The applicant must possess, and maintain throughout the funding period, all required licenses, registrations, or department approvals required to perform the Statement of Work. TDH may choose to disqualify a proposal if the applicant provider license has been suspended or revoked or had administrative penalties of \$1,000 or more in the previous two years. (This may or may not apply to penalties that have been probated).

Authority to Bind TDH:

The Chief, Bureau of Financial Services, or TDH designee, is the only individual who may legally commit TDH to expenditure of public funds. No costs chargeable to the proposed contract may be reimbursed before receipt of a fully executed contract.

Multiple Entity Proposals:

TDH supports the concept of cooperative applications between multiple EMS providers, first responder organizations, EMS/Trauma Regional Advisory Councils, and other organizations that clearly demonstrate and document regional projects involving multiple service organizations.

A Multiple Entity proposal may contain projects from several entities which should be listed in the order of priority and include the Multiple Entity Proposal Signature Form (Page 13).

Proposals from a education facility or RAC for EMS education courses or continuing education **are** not considered a multiple entity proposal and **do** not require the Multiple Entity Proposal Signature Form (Page 13).

An application between multiple entities must include in the proposal what portion each entity is receiving and the project for which the funds will be used.

Though not a prerequisite for this grant, TDH encourages all applicants to pursue cooperative agreements. Preference will be given to proposals that represent the best and most economical use of funding.

For additional information contact the appropriate PHR EMS office (see listings in attachments) or the Local Projects Grants Program, (512) 834-6700.

Applicant Notification

Applicants will be notified by the appropriate PHR EMS office for:

- Proposal selected for awards, including scope of grant award
- Proposals not funded, including reasons for determination of non-selection for funding

Applicants not receiving funding will be given 10 days following notification of funding status to request reconsideration of the funding decision.

An award letter will be sent to each approved applicant stating the amount of the award. **All funds must be spent by August 31, 2003.**

Proposal Eligibility Checklist (Use this checklist as the cover page of LPG proposal insuring all items are met)

Proposals will be reviewed and scored based on the information provided by the applicant.

- _____ Applicant is a licensed EMS provider providing 911 service, registered first responder organization, or other TDH approved EMS organization
- _____ The project objectives relate to the applicant's mission
- _____ Proposal postmarked or received by the **July 12, 2002** deadline
- _____ All required signatures are included (**including Medical Director Signature on ALL requests**)
- _____ Original plus one copy received at the Bureau & two copies received in the appropriate PHR by the deadline
- _____ Project can be completed by contract end date
- _____ Applicant has not made any purchase prior to the effective date of the contract
- _____ Proposal does not exceed 5 pages per entity, including attachments (excluding the required TDH forms)
- _____ Proposal is typed or computer generated (application forms may be handwritten)
- If application is computer generated, then it MUST be in the same format including all questions and must be in the SAME ORDER as in the application package**
Application forms (original and copies) single sided only, 12 pt font
- _____ Proposal includes all applicable forms
- _____ Proposal offers matching funds where required
- _____ Applicant is in compliance with regional trauma system protocols and EMS standard of care criteria
- _____ The multi-entity proposal specifies how the award will be distributed to each entity
- _____ Proposal amount **does not** exceed the LPG project caps. (Project caps: total proposal \$50,000; ambulance \$35,000; computer-related \$1,500)
- _____ Proposal **does not** result in the substitution of LPG funds for funds from the organization's operating or capital budget
- _____ Applicant (provider) license **has not** been suspended or revoked or had administrative penalties of \$1000 or more in previous two years. (This may or may not apply to penalties that have been probated)
- _____ Applicant **is not** represented by another agency

The deadline for submitting the application, required forms, and copies will be **midnight, July 12, 2002**. Only those proposals and copies that are received or postmarked on or before **July 12, 2002** will be reviewed, regardless of the circumstances. Applications may be mailed (**See mailing instructions on page 2 item #5**) or hand delivered. If delivered by hand, the proposal must be taken to the Exchange Building, Bureau of Emergency Management, 8407 Wall Street, Suite N402, Austin, Texas, **no later than close of business (5:00 P.M.) on July 12, 2002**.

LPG Application Packet

All of the following forms must be completed for funding consideration.

Forms may be typed or computer-generated, 12 pt font. *(or neatly handwritten)*

If application is computer generated, then it MUST be in the same format, include all questions, and must be in the SAME ORDER as in the application package.

For sections or responses that do not apply, please insert “N/A”.

FINAL FUNDING DECISIONS WILL BE BASED ON:

- an evaluation of all information in the Application
- a consideration of the applicant’s Local Projects Grants funding history
- the applicant’s numerical Local Projects Grants Application score (see the Local Projects Evaluation Packets)

**TEXAS DEPARTMENT OF HEALTH
LOCAL PROJECTS GRANTS**

Title Page

1. Organization (Payee) Name: _____

Street address: _____

Organization (payee) mailing address: _____

If applicant is other than payee: applicant address _____

Other names and addresses used in the past (or DBA) and address: _____

2. Type of organization (Licensed EMS Provider; FRO; RAC, etc.): _____

3. Texas Vendor Identification Number: _____
(14 digit number. One will be assigned if organization has not previously contracted with the state).

4. Charter number: _____

5. Federal Employer Identification Number: _____
(9 digit number. All organizations must submit this number).

6. List all entities represented by this proposal (if a multiple entity proposal): _____

7. Identify the primary service area that will benefit from this proposal: _____

8. Total amount of funds requested (maximum allowable funding is \$50,000 per entity): \$ _____

9. You are in TDH Public Health Region _____ and Trauma Service Area _____.

10. Is this request is for computer or computer related products Yes _____ No _____ (If yes list any computer/computer related products received from TRACT-IT). _____

Project Coordinator:

(name)

(Title)

(Work phone)

(Fax Number)

(email address)

Alternate contact person:

(name)

(Title)

(Work phone)

(Fax Number)

(email address)

Person authorized to sign contract:

(name)

(Title)

(Work phone)

(Fax Number)

(email address)

Medical director

(required for all projects/proposals):

(name)

(Title)

(Work phone)

(Fax Number)

(email address)

Multiple Entity Proposal Signature Page

Proposals developed to benefit multiple entities require the signatures of the authorized representative for each entity. (Duplicate this sheet as necessary for additional signatures).

(organization)

(authorized signature/date)

(organization)

(authorized signature/date)

(organization)

(authorized signature/date)

(organization)

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(organization)

(authorized signature/date)

**TEXAS DEPARTMENT OF HEALTH
LOCAL PROJECTS GRANTS
APPLICANT DESCRIPTION**

Instructions: Complete all sections. If not applicable, state "N/A".

1. Highest level of EMS care provided (i.e. BLS/ALS/MICU): _____
2. Total number of personnel: _____ What percentage of personnel are volunteer: _____
3. Number of personnel in each category:
ECA: _____ EMT: _____ EMT-I: _____ Paramedic: _____ Licensed Paramedic: _____
4. What is the percentage of personnel "turnover" per year: _____ %
5. In which county are you licensed: _____. List the primary county or counties served:

6. Square miles in your service area: _____
7. Average transport time (minutes): _____
8. Longest transport time (minutes): _____
9. Average Number of calls per month: _____
What % of these calls are: Trauma: _____ % Medical: _____ %
Non-transports: _____ % Transfers: _____ %
10. Service area population:
 - Resident population: _____
 - Pass-through (i.e.: approximate number of persons traveling major transportation arteries; proximity to national park; periodic large events): _____
 - Describe how your service area population has changed in last five years: _____
11. From January 1, 2001 – December 31, 2001, what was your total number of calls: _____
 - How many of these were 911 calls: _____ How many were Emergency Transfers: _____
 - How frequently is the 911 service in your area left uncovered by your service: _____
 - Length of time your service area was left uncovered: _____
 - Reason(s) your service area was left uncovered: _____
12. Total time (in years) the service has been operational as an EMS Provider? _____
 - Are these years of continuous service? Yes No

- If “No”, explain (attach additional sheet, if needed): _____

- List all locations where the service has functioned as a 911 provider in last five years:

- Describe how the service has partnered with other community organizations to improve pre-hospital emergency care (or to provide injury prevention/community service programs).

**TEXAS DEPARTMENT OF HEALTH
LOCAL PROJECTS GRANTS
EMS Organization Statement of Financial Resources**

Instructions: All applicants must complete the following sections. If not applicable, state "N/A". (Attach additional sheets, if needed).

Grant History:

List all grants (**including LPG**) applied for and/or received in last five years.

Year	Source(s)	Amount Requested	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Sources of income:

(Current contracts, subsidies, endowments, donations, fund raisers etc.)

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____

TEXAS DEPARTMENT OF HEALTH
LOCAL PROJECTS GRANTS
EMS Organization Statement of Financial Resources
(continued)

Instructions: All licensed 911 EMS Providers are required to complete the following sections. **All signatures must be obtained and all questions must be answered to qualify for consideration of funding.** (Attach additional pages if needed).

Note: TDH prohibits the use of grant funds to supplant currently budgeted funds.

1. If your organization receives this grant, will your service have money removed from your operating or capital budget that will offset this award (**other than matching funds**)? Yes ☐ No ☐

2. Do you bill for services? Yes ☐ No ☐

If yes, what is the charge for emergency 911 calls: _____

If yes, what is the charge for non-emergency transports: _____

3. What is your current billing collection rate? _____ %
In dollars per year \$ _____

4. What are your current liquid assets in dollars? \$ _____
(Estimated savings, investments, operating budget)

5. What is your outstanding debt in dollars? \$ _____

6. What is your service's source of matching funds for equipment requests in this proposal? (**Must indicate source(s) if matching funds are required.**)

7. Applicant profit/non-profit status: 501(c)(3) non-profit _____ not-for-profit _____
for-profit _____ other (specify) _____

Name and title of person completing this form

Signature and date

TEXAS DEPARTMENT OF HEALTH
LOCAL PROJECTS GRANTS
Detailed Project Narrative Format

Proposal Abstract

Provide an overall description for each project included in this proposal. Please identify the types of projects included in this proposal from the list below and give a brief abstract of the project. This will be the cover page for the proposal narrative below.

____education/training

____equipment purchase

____ambulance purchase

____system development

____injury prevention

____data management

Proposal Narrative

Provide a detailed description on each project and include a response to all of the following questions as appropriate:
(Refer to criteria in the “Local Projects Grants Evaluation Packet” for guidance)

- Describe the problem and identify objectives which should lead to appropriate solutions
- Identify methods for achieving the proposed objectives
- Describe a plan for the evaluation of accomplishment of the objectives (Necessary if a long-term project. If this proposal involves the purchase of equipment, then the proof of purchase is accomplishment of the objective)
- Identify key personnel with the qualifications to successfully complete the project (Necessary if a long-term project)
- Develop a plan for the continuation of the benefits of the project (Necessary if a long-term project)
- Develop a budget showing the most cost effective use of funds for the projects represented
- Demonstrate a history of successful project completion or grant administration

**TEXAS DEPARTMENT OF HEALTH
LOCAL PROJECTS GRANTS
NON MULTIPLE AGENCY REQUEST BUDGET PAGE
(Only NON-Multiple Agency Request use this Budget Page)**

1. Applicant name: _____

2. Total funds requested: _____

3. Indicate the amount of funds requested from the TDH LPG program for each of the following categories:

CATEGORY	YOUR COST	TDH COST	TOTAL COST
Equipment Any individual item with a useful life of more than one year and a cost of more than \$1,000 (including shipping) requires 50% matching funds. Requires a 50% match if the individual item cost exceeds \$1,000 (including shipping) and the useful live is greater than one year.			
Ambulance			
Computer-related equipment (Requires a 50% match if the individual item cost exceed \$500 and the useful life is greater than one year).			
Fax machines, Stereo equipment, cameras, video recorders/systems (Requires a 50% match if the individual items cost exceeds \$500 and the useful life is greater than one year).			

Supplies (MUST BE NON-DISPOSIBLE) (medical, educational, and any other purchases less than \$1,000 per item):	YOUR COST	TDH COST	TOTAL COST
Other Expenses (instructional fees, injury prevention costs, etc.):	YOUR COST	TDH COST	TOTAL COST
Total of All Expenditures			

(signature of project coordinator)

**TEXAS DEPARTMENT OF HEALTH
LOCAL PROJECTS GRANTS
MULTIPLE AGENCY REQUEST BUDGET PAGE**
(Multiple Agency Request ONLY use this Budget Page)

RECEIVING AGENCY (LIST BY AGENCY)	ITEMS	QUANTITY	ENTITY COST	TDH COST	TOTAL COST
Total			\$	\$	\$

**TEXAS DEPARTMENT OF HEALTH
LOCAL PROJECTS GRANTS
EMS Education Program Approval Form**

(This is required on ALL Educational and Training Projects)

Instructions: **If your LPG request includes educational programs, complete this form** (If educational programs are not included, do not include this form in your application packet). All signatures must be obtained and all questions must be answered in order to qualify for consideration of funding.

1. Certification Courses: ECA ☐ EMT ☐ EMT-I ☐ EMT-P ☐ EMD ☐ EMD-I ☐
contact Eddie Walker, TDH for ECA – 512/834-6700 ext. 2313

2. For certification courses, source of training: _____

3. Continuing education and/or CE program description: _____

4. Participating organizations: _____

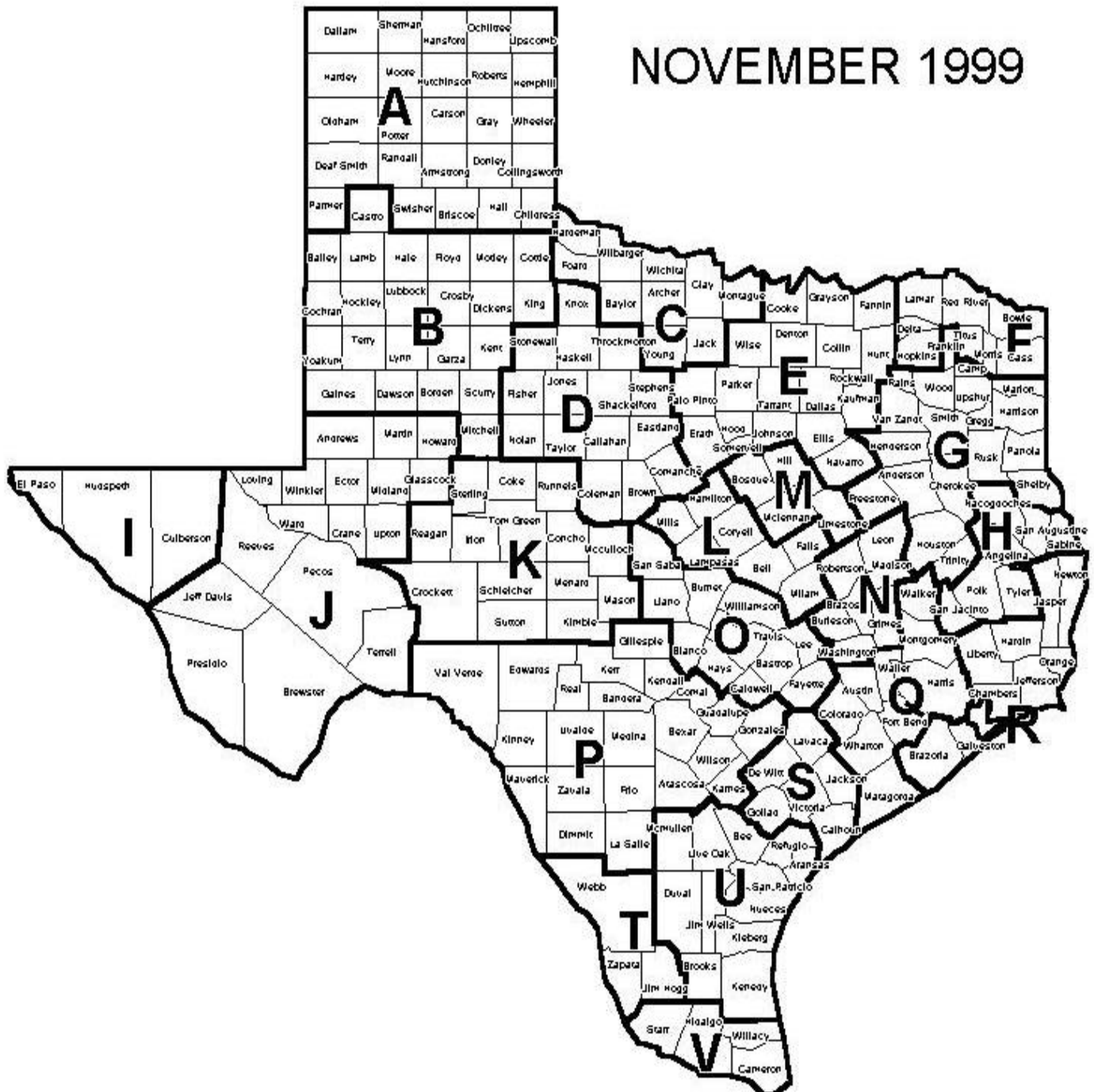
5. Estimated number of persons to be trained: _____

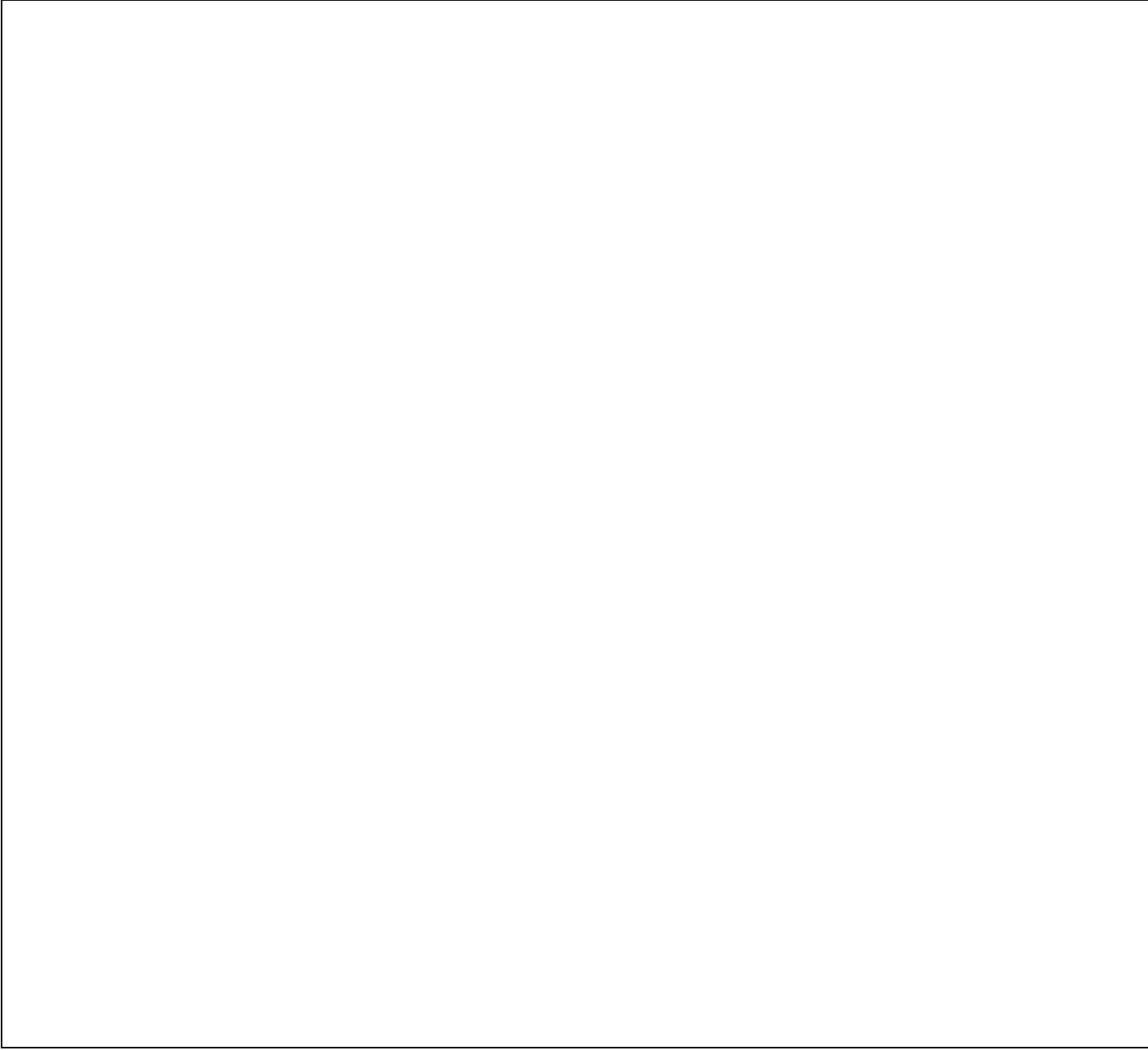
- Are the participants currently involved with patient care: Yes: _____ No: _____
- What measures will be taken to ensure that the participants will be involved in pre-hospital emergency care following successful course completion: _____

Texas Department of Health Public Health Regional EMS staff signature/date

TEXAS TRAUMA SERVICE AREAS

NOVEMBER 1999





**NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR
ASSURANCES FORM**

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be forwarded to the Texas Department of Health's Grants Management Division, no later than 45 days after the meeting in which the form was discussed.
- K. If a contract is executed with the Texas Department of Health, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.

* _____
Chairman of the Board Signature/Date

* _____
President or Executive Director Signature/Date

*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

**TEXAS DEPARTMENT OF HEALTH
ASSURANCES AND CERTIFICATIONS**

**Note: Some of these Assurances and Certifications may not be applicable to your project.
If you have questions, contact the awarding program within TDH.**

As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:

1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. And parent, affiliate, or subsidiary organization, if such a relationship exists, will give TDH, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
7. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount,

trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;

8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;
11. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
12. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
13. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC "1324a, et seq., as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this application;
14. Agrees to comply with the following to the extent such provisions are applicable:
 - A. Title VI of the Civil Rights Act of 1964, 42 USC "2000d, et seq.;
 - B. Section 504 of the Rehabilitation Act of 1973, 29 USC '794(a);
 - C. The Americans with Disabilities Act of 1990, 42 USC "12101, et seq.; and
 - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
15. Will comply with the Uniform Grant and Contract Management Act (UGCMA), Texas Government Code, Chapter 783, VTCA, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. If a conflict arises between the provisions of a resulting contract, and the provisions of UGCMA and

UGMS, the provisions of UGCMA and UGMS will prevail unless expressly stated otherwise. A copy of the UGMS manual and its references are available upon request;

16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
17. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, VTCA, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
18. Will comply with environmental standards which may be prescribed pursuant to the following:
 - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC 4321-4347, and Executive Order (EO) 11514 "Protection and Enhancement of Environmental Quality;"
 - B. Notification of violating facilities pursuant to EO 11738 "Providing for Administration of the Clean Air Act and the Federal Water Pollution Contract Act with Respect to Federal Contracts, Grants or Loans;"
 - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC "7401- 7642;
 - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, 21 USC '349, 42 USC "300f-300j;
19. Will comply with the Pro-Children Act of 1994, 20 USC "6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
20. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC '289L-1 and 20 USC "2080-6081, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance;
21. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC '263 a, which establish federal requirements for the regulation and certification of clinical laboratories;
22. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Bloodborne Pathogens, 56 Fed. Reg. 64175 (1991), 29 CFR '1919.030, which set safety standards for those workers and facilities who may handle bloodborne pathogens;
23. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and

reasonable direct and indirect costs which are incurred in conducting an assistance project;

24. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.
25. Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
 - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled A Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction@ (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

26.

Understands that Title 31, USC '1352, entitled A Limitation on use of appropriated funds to influence certain federal contracting and financial transactions, generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a **SPECIFIC** grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization on the FACE PAGE Form) certifies, to the best of his or her knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, A Disclosure of Lobbying Activities, (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are included at the end of this application form.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC '1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

27.

Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC '1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).